

Jack and Jill of America, Inc.

MEDICAL INFORMATION AND LIABILITY RELEASE FORM



This form must be completed for all Chapter activities, Regional and National conferences on an annual basis. It is **mandatory** for each child/teen and must be signed by a parent or legal guardian before the start of the Program year. It is the role of the Chapter Program Director to ensure a new form is completed for each child/teen at the beginning of the Program year and properly discarded at the end of the same Program year. During the year, all forms must be stored in a locked and secured location.

Chapter		State	Region	Year
Child/Teen's Name		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (mm/dd/yyyy)
Mother's name		Cell Phone #		Home or Business Phone
Father's name		Cell Phone #		Home or Business Phone
Address		City	State	Zip
Health History: Please check all that applies				
Condition	Yes	If you checked "Yes", please explain		
Asthma				
Diabetes				
Heart Disease				
Hay Fever				
Eating Disorder				
Seizures				
Drug Allergies				
Food Allergies				
Physical Limitations				
Other				
Please indicate the date of child/teen's last Tetanus shot (mm/yyyy):				
Please list ALL medications and dosage the child/teen is currently taking:				
1.	Dosage:	2.	Dosage:	
3.	Dosage:	4.	Dosage:	
Health Insurance/Physician Information				
Insurance Carrier		Policy Holder		
Insurance Phone Number		Policy/Group Number		
Primary Physician		Physician's Office Phone Number		
Medical Authorization				
I, _____, parent or legal guardian of _____ hereby give my consent for a chaperone or other adult representative of Jack and Jill of America, Inc or to obtain such medical care as is reasonably necessary for the welfare of my child/teen, in the event of any emergency or other medical occurrence. I request that payment under my medical insurance program be made directly to the site of services rendered. I understand I am financially responsible for fees not covered by this authorization.				
General Release				
I, _____, the undersigned parent or legal guardian, do hereby release Jack and Jill of America, Inc., including all Chapters, its chaperones or designees from any and all liability which might result from any personal injury claims or cause of action which might result directly or indirectly from my minor child/teen's participation in any activity or trip which may be conducted under the supervision or direction of Jack and Jill of America, Inc.				
Signature (Parent or Legal Guardian)		Print Name	Relationship to Minor	Date

IMPORTANT NOTICE: In accordance to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule regulation, it is important that all parties in receipt of this form, assure that the information contained on this document is properly protected while allowing the flow of health information needed to provide health care and to protect the individual's health and well being. The purpose of the Privacy Rule is to define and limit the circumstances in which an individual's Protected Health Information (PHI) may be used or disclosed. Contents contained on this document should **only** be discussed or shared with the individual (or their personal representative) or for the treatment activities of any healthcare provider.